

---

**LOS ANGELES COUNTY  
HIV PREVENTION PLANNING COMMITTEE (PPC)  
A Select Committee of the Commission on HIV Health Services  
600 South Commonwealth Avenue, 6<sup>th</sup> Floor•Los Angeles CA 90005-4001**

---

**MEETING SUMMARY**

Thursday, December 2, 2004

1:00 PM - 5:00 PM

St. Anne's Maternity Home - Foundation Conference Room  
155 N. Occidental Blvd.-Los Angeles, CA 90026

**MEMBERS PRESENT**

Jeff Bailey	Mario Perez*
Sergio Avina	Diane Brown
Richard Browne*	Gordon Bunch
David Giugni	Jeffrey King
Elizabeth Mendia	Veronica Morales
Vicky Ortega	Rose Veniegas
Kathy Watt	Freddie Williams
Richard Zaldivar*	

**ABSENT**

Chi-Wai Au  
Cesar Cadabes  
Edward Clarke  
Manuel Cortez  
Ricki Rosales  
Vanessa Talamantes

\* Denotes present at one (1) of the roll calls

**STAFF PRESENT**

Elizabeth Escobedo	Mike Janson	John Mesta	Ijeoma Nwachuku
Jane Rohde	Cheryl Williams		

**I. ROLL CALL**

Roll call was taken.

**II. COLLOQUIA PRESENTATION**

Dr. Rose Veniegas introduced Dr. Pamina Gorbach and Jerome Galea who provided a Power Point presentation titled, *Developing Interventions for MSM's*. A copy of the presentation is on file. This presentation addresses the public health issue of continuing high incidence of sexually transmitted infections (STIs), including HIV, along the West Coast. The incidence increases suggest that HIV positive Men Who Have Sex with Men (MSM) may not disclose their HIV status prior to having unprotected sex with partners of unknown status.

The purpose of the study being presented was to identify themes around disclosure among MSM in Los Angeles. Thirty-one HIV-positive MSM in Los Angeles reporting recent sexually transmitted infections or unprotected anal intercourse with serostatus discordant or unknown partners were recruited from STD clinics and underwent in-depth interviews that were tape-recorded, transcribed verbatim, coded and content analyzed for themes. Themes around disclosure include MSM being less likely to disclose in public places, context of dating, when they have feelings for a partner, knew partner's HIV status or feel responsible for transmission or fear of the law. Nondisclosure themes included: not being asked about HIV status, only having oral sex, having bathhouse sex, anonymous partners, fear of rejection, overcome by passion, and using methamphetamines. The findings of this study suggests HIV positive MSM's decision to disclose their HIV status to sex partners is complex, and is influenced by a sense of responsibility to partners, acceptance of being HIV positive, the perceived transmission risk and the context and meaning of sex.

The continuing high incidence of STIs including HIV in California suggested that HIV positive MSM might not disclose their HIV status prior to having unprotected sex with partners of unknown status – thus facilitating transmission. A study was designed for HIV positive MSM thought to be a high risk for

transmitting HIV to others in order to identify barriers to HIV disclosure that might be amenable to intervention.

Definition: Disclosure – verbally revealing one’s HIV positive status to a prospective sexual partner before engaging in sexual acts.

The Methods for this survey were:

- In 2003, 55 HIV Positive MSM (24 in Seattle, 31 in Los Angeles) reported recent STI or unprotected anal intercourse with serostatus discordant or unknown partners and a bacterial STD (including syphilis, gonorrhea, chlamydia and non-gonococcal urethritis) were recruited from Los Angeles and Seattle STD clinics.

<b>Demographics n=55</b>			
	Seattle n = 24	Los Angeles n = 31	Combined n = 55
Age mean (range)	39 (30-52)	38 (24-48)	38.5 (24-52)
<b>Race/ethnicity</b>			
Caucasian	17 (71%)	10 (32%)	27 (49%)
African American	4 (17%)	16 (52%)	20 (36%)
Hispanic/Latino	1 ( 4%)	4 (13%)	5 ( 9%)
Asian	2 ( 8%)	0 ( 0%)	2 ( 4%)
Other	0 ( 0%)	1 ( 3%)	1 ( 2%)
<b>Mean years since DX with HIV</b>			
	6	9	7.5
<b>Education – Highest Level</b>			
<High School	1 ( 4%)	3 (10%)	4 ( 7%)
Trade	4 (17%)	16 (52%)	20 (36%)
High School	12 (50%)	5 (16%)	17 (31%)
College (BA)	4 (17%)	6 (19%)	10 (18%)
MA/PhD	3 (12%)	1 ( 3%)	4 ( 8%)

Indirect Disclosure – 14 respondents let their sex partners know about their HIV status without actually talking about it by making antiretroviral medications visible, indicating their HIV status on a website’s personal profile, by saying that they live in Public Housing for PLWA, by having a “+” tattoo, or having HIV related information displayed in their house.

The conclusions of this study were:

- For the MSM in this study, the decision to disclose one’s HIV status disclosure was rarely an all-or-none issue and was complicated and dependent on multiple conditions.
- Only 2 men never disclosed their HIV status to sex partners, 7 men always disclosed HIV status to sex partners. Others did or did not disclose based on competing emotional, situational, and legal issues.
- Many MSM felt partners should ask for HIV status; many assumed if a partner does not ask, he must be positive. Many expressed an expectation to be asked or they won’t tell.
- Some MSM avoided disclosing by not having risky sex.
- Awareness of legal implications on lack of disclosure for transmission of HIV among MSM influenced some to disclose more often.

The implications of this study were:

- HIV Negative MSM need to be counseled to ask about a partner’s status and not assume men who are HIV positive will tell them before sex. Disclosure is a shared responsibility.
- Meth is a problem. Large numbers of men are using methamphetamines during sex – when under the influence of these drugs men report not only having a lot of sex, they have a lot of

unprotected sex, and many of those who are HIV positive are doing this without telling their partners of their status.

- Although the thought that using fear doesn't work as a prevention strategy – the finding of this study suggests if more people were aware that they could possibly be prosecuted for infecting others with HIV, this might enhance a sense of responsibility and increase the likelihood of those who are HIV positive will disclose to partner's before sex.
- HIV positive MSM need to disclose their HIV status to partners and HIV negative men need to ask more.

**QUESTION:** Can you say a little more about fear of HIV disclosure?

**ANSWER:** We are not advocating this become a health communication campaign but the legal issues around prosecution for HIV transmission has to show that people "knowingly" infect other people.

**COMMENT:** Prosecution for infecting someone else is fairly rare; prosecution for being involved in sex work knowing you are HIV positive is somewhat common.

**ANSWER:** People who work with sex workers should be concerned, if they (sex worker) get arrested and tested for HIV, this could have ramifications for them (sex worker).

**QUESTION:** After an individual finds out they are HIV positive, do they get a phone call from anyone informing them that if they infect anyone, they could be prosecuted?

**ANSWER:** I do not believe that is part of the notification.

**QUESTION:** For those who actually disclosed their HIV status, were there risky behaviors reviewed or was that not addressed in your study?

**ANSWER:** Some did and some did not.

**QUESTION:** Were there any other co-factors that influenced disclosure (wanting to disclose), e.g. having already disclosed to family members, friends, people that are/were significant in their life?

**ANSWER:** In this particular study, we did not do that.

**QUESTION:** Various types of infections can have a negative outcome in terms of people's natural history of HIV disease, if that is true with STD (even though they are treatable), do you feel like that would be useful in terms of intervention or educating people?

**ANSWER:** Yes.

### **III. REVIEW/APPROVAL OF MEETING AGENDA**

The draft meeting agenda for December 2, 2004 was reviewed and approved by consensus with the following modification: move PPC Member Survey to the bottom of the agenda.

### **IV. REVIEW/APPROVAL OF NOVEMBER 4, 2004 MEETING SUMMARY**

The draft-meeting summary for November 4, 2004 was approved by consensus with the following corrections.

- *Question from Gordon Bunch* – last statement on the bottom of page 2, please clarify statement, "...tended to have master status of a gay man versus a black man".  
*Response by Diane Brown*, "I think master status is what individuals first identify as being gay men other than black man as their primary identification."
- *Question from Gordon Bunch* – 2<sup>nd</sup> question on page 3 – should be changed to, "I'm only a top, it's only when I can't get hard, I become a bottom."

### **V. PUBLIC COMMENT**

None

### **VI. HIV/EPI PRESENTATION – INTRODUCTION TO INJECTION DRUG USERS (IDU) BEHAVIORAL SURVEILLANCE STUDY**

Gordon Bunch reported the presenters left and this presentation is postponed to the next meeting on January 6, 2005.

## **VII. BREAK**

## **VIII. COMMUNITY CO-CHAIRS REPORT**

- **Election of Urban Coalition of HIV AIDS Prevention Services (UCHAPS) Alternate** – At the last meeting, Kathy Watt was nominated as the PPC UCHAPS representative. Moved by consensus: Kathy Watt is the PPC UCHAPS Alternate.

There was a UCHAPS Conference Call this morning and UCHAPS is in the process of extending an invitation to the city of Washington, D.C. to be the next member of UCHAPS. The Annual Report for UCHAPS 2004 is forthcoming and will be distributed to PPC members.

Jeff Bailey reported at the last PPC meeting, it was suggested/recommended that the Community Co-Chairs attend the Health Deputies Meeting. The Community Co-Chairs did attend the Health Deputies Meeting and Gloria Molina placed a motion to the Board of Supervisors to move forward the Prevention RFP process.

The Community Co-Chairs have been working with the Commission on HIV Health Services (CHHS) Executive Director to schedule a meeting with the CHHS Co-Chairs and the PPC Co-Chairs in January, 2005 following the CHHS Executive Subcommittee Meeting. As discussed at the PPC Annual Planning Meeting in October, 2004, the PPC has recommended an annual joint planning bodies (CHHS and PPC) meeting. The feasibility of having the combined planning bodies meeting will be discussed.

**QUESTION:** (Kathy Watt) Do we know if there were any gaps in categories or areas? Are we allowed to know that information?

**ANSWER:** Refer to Governmental Co-Chair Report.

**QUESTION:** (David Giugni) By attending the Board of Supervisors meeting, was there clarification as to what was the hold up with the RFP and final approval?

**ANSWER:** Yes, there was one particular health deputy that had some questions regarding the process. There was an internal review that went through the Department of Health Services and an additional review was requested for the County Auditor-Controller.

**QUESTION:** (David Giugni) What was the internal review that they had not completed?

**ANSWER:** That wasn't necessarily discussed. They wanted more clarification on the scoring of applications. At the Department of Health Services (DHS), not only with prevention grants but also with other grants in other departments, there is an internal scoring as well as an external. There was clarification to ensure consistency across all programs. One agency had requested a review of the external review panel process.

Jeff Bailey also reported the new Prevention Plan will be ready to be rolled out in CD-ROM as well as hard copy on January 5<sup>th</sup>. The new Prevention Plan will be presented at the January 6, 2005 PPC Meeting. There will be limited "hard copy" edition of the Prevention Plan; however, there will be CD-ROM copies available. After the January 6<sup>th</sup> presentation, the PPC will be in the process of "rolling out" the Prevention Plan to other partners within the community (CPNs, SPN's, CHHS and a number of other bodies).

## **IX. GOVERNMENTAL CO-CHAIR REPORT**

Mario Perez reported there was a county request that the Auditor-Controller review the Request For Proposal (RFP) review process. The Auditor-Controller conducted a rather extensive review of the entire RFP process. The Auditor-Controller found no significant challenges with the process, confirmed it was consistent with all County guidelines, and there were a number of recommendations made for future RFPs. The report is available and it suggests that there was no reason to request a "re-bid" or the "re-allocation of resources as recommended by OAPP."

OAPP stands by the process that involves an external review and an internal review of all the proposals. OAPP appreciates the Auditor-Controller validating our process.

OAPP has not yet made a decision about Category 5. Many of you may know there were no proposals submitted for Category 5, although there was a Letter of Intent. So OAPP is exploring its options, but no decision has been made. Recommendations for all other 4 categories have been made in full and all of those letters went out yesterday. In terms of the next few weeks, OAPP will be working diligently with all the funded providers to negotiate scopes of work and budgets by the 10<sup>th</sup> of December to avoid an interruption in services January 1, 2005. We are also diligently working to make sure that we do not impact the agencies ability to bill for services since contractors cannot bill until contracts are executed. Therefore, the completion of the contract process is critical. We sincerely apologize for the delay, that we certainly did not request, but that is the position we are in. There is a lot of work being done, with people working the weekend and late into the hours to wrap the contract packages up.

**QUESTION:** (David Giugni) So with the exception of the contracts that you mentioned from SPA 8, the Board of Supervisors concurred with OAPP's recommendations?

**ANSWER:** Yes.

## **X. SUB-COMMITTEE REPORTS**

- ♦ **Operations** – Diane Brown reported the Operations subcommittee is revising the PPC Membership Application and Policies and Procedures to reflect changes (i.e. change in meeting structure, etc.). The Operations subcommittee review membership and attendance at every meeting. Next month, Work Plan tasks will be assigned. One of priorities for the Operations subcommittee is to develop the Leadership Institute or a means to develop leaders especially youth. The PPC Co-Chairs have submitted a letter to the Director of OAPP with recommendations about the PPC's meeting structure. If this does move forward, effective January 6, 2005, the PPC meetings will begin at 12:00 PM instead of 1:00 PM and the odd months would be full PPC meetings, while the even months would be Colloquia Presentation and PPC subcommittee meetings directly following. The PPC as a full-body would be meeting every other month with the subcommittees meeting monthly.
- ♦ **Evaluation** – Gordon Bunch reported the PPC Annual Planning Meeting Evaluation data summary was reviewed at the last meeting and copies are being distributed to PPC members today. The 2003 PPC Membership Survey was reviewed and modified. The PPC members will be taking the survey at the end of today's meeting. The Evaluation subcommittee is in the process of looking at the Countywide Risk Assessment Survey (CRAS) to determine the feasibility of incorporating some of the questions used in the most recent Needs Assessment into CRAS.
- ♦ **Standards & Best Practices** – Rose Veniegas reported the Standards & Best Practices (SBP) subcommittee continues to review, prioritize and work on the Work Plan developed at the October, 2004 Annual Planning Meeting. The SBP continues to review and develop DRAFT-staffing qualifications and recommendations regarding the categories of prevention programs for which awards have been announced. In today's PPC packet, there is a one-page document, which shows the web site for Diffusion of Effective Behavioral Interventions (DEBI) project.
- ♦ **Commission on HIV Health Services (CHHS) Report -**  
Elizabeth Mendia reported the CHHS is awaiting the PPC's nomination of the two non-voting seats. This item will be placed on the January, 2005 agenda.

Elizabeth Mendia reported the CHHS held it's Annual Training meeting on November 15<sup>th</sup> and November 16<sup>th</sup>. The purpose of the meeting was to develop a policy statement and strategy for reauthorization of the Ryan White Care Act, 2005. A presentation was given by Public Policy and the Recruitment, Diversity and Bylaws committees on the scope and structure of the Ryan White care ACT and the "guiding principals" for the development of the policy statement. A final vote on the Policy Statement on Reauthorization of the Ryan White Care Act 2004 was not taken and is open for public comment.

## **XI. ANNOUNCEMENTS**

- Jeff Bailey thanked everyone for his or her participation over the past year.

- Rose Veniegas reminded the PPC and the audience on Tuesday, December 7<sup>th</sup> at 9:00 AM at St. Anne's, CHIPTS is featuring speakers regarding the Service Providers Networks and Coordinated Provider Networks in SPAs 4, 6,7 and 8.
- Kathy Watt announced condoms and lube are on the back table promoting Van Ness Recovery House Crystal Meth campaign.
- Jeffrey King, In the Meantime Men's Group, Inc., announced the African-American HIV/AIDS Summit on Saturday, December 4<sup>th</sup> at the Boulevard Auditorium on the USC Campus.
- AIDS Service Center is hosting its annual Posada on Saturday, December 4<sup>th</sup> in Pasadena.
- Vicky Ortega announced this is her last PPC Meeting and thanked everyone.
- Sergio Avina acknowledged Vicky Ortega's work and opinions while on the PPC.

**XII. PPC MEMBER SURVEY 2004**

Gordon Bunch explained and administered the PPC Membership Survey.

**XIII. CLOSING ROLL CALL**

**XIV. ADJOURNMENT** – Meeting adjourned at 3:27 PM.

**Note: All agenda items are subject to action.**

**NOTE:** All HIV Prevention Planning Committee (PPC) meeting summaries, tapes and documents are available for review and inspection at Office of AIDS Programs and Policy (OAPP) located at 600 South Commonwealth Avenue, 2<sup>nd</sup> Floor, Los Angeles, CA 90005. To make an appointment to review these documents, please call Cheryl Williams at (213) 351-8126.

cw(PPC12-02-04min) Revd12-16-04